



STEPHANIE RAWLINGS-BLAKE  
MAYOR

**CITY OF BALTIMORE**  
*Department of Recreation and Parks  
Horticultural Division*



**BALTIMORE CITY**  
RECREATION & PARKS

**Cylburn Mansion and Arboretum**  
**Howard Peters Rawlings Conservatory & Botanic Gardens**  
4915 Greenspring Avenue ♦ Baltimore, Maryland 21209

Phone: 410-396-0180

Fax: 410-367-8039

## Event Application

A refundable security deposit of \$1000 must be paid at time of submission. Full payment for event must be received 60 days before the event. If applying less than 60 days before the event, payment is due at the time this application is submitted. Events may take place at the Howard Peters Rawlings Conservatory & Botanic Gardens and Cylburn Mansion, Vollmer Center & Arboretum, Tuesday through Sunday, from 8:00 a.m. to 12:00 a.m.

### APPLICANT INFORMATION

NAME OF APPLICANT:					
MAILING ADDRESS:					
CITY/STATE/ZIP CODE:					
TELEPHONE NUMBER:	(H)		(W)		(C)

### EVENT INFORMATION

<b>TOTAL NUMBER OF GUESTS:</b>	
<b>TYPE OF EVENT</b>  place an "x" in applicable box(s)	<input type="checkbox"/> Wedding Ceremony
	<input type="checkbox"/> Wedding Reception
	<input type="checkbox"/> Formal Occasion (i.e., Anniversary, Bar/Bat Mitzvah)
	<input type="checkbox"/> Informal Occasion (i.e., Birthday, Luncheon)
	<input type="checkbox"/> Photo Shoot
	<input type="checkbox"/> Conference (please specify)
	<input type="checkbox"/> Meeting (please specify)
	<input type="checkbox"/> Seminar/Workshop (please specify)

### REQUESTED DATE & TIME

<b>DAY OF EVENT</b> (day of the week)	<b>DATE OF EVENT</b> (month, date, year)	<b>START TIME OF EVENT</b>	<b>END TIME OF EVENT</b>

Rental periods include all set-up and clean-up. Please refer to the Terms and Conditions for further information. There are no rain dates.

### REQUESTED FACILITY

<b>CYLBURN MANSION &amp; ARBORETUM</b>	
<input type="checkbox"/> Mansion, only	<input type="checkbox"/> Mansion, plus a Garden or the gazebo
<input type="checkbox"/> Vollmer Center	<input type="checkbox"/> Vollmer Center, plus Garden or the gazebo
<input type="checkbox"/> Greenhouse Classroom	<input type="checkbox"/> Greenhouse Classroom, plus Garden or the gazebo
<input type="checkbox"/> A Garden, only. Please specify: ____ Formal Garden ____ Japanese Garden ____ Rose Garden / <input type="checkbox"/> The Gazebo, only	
<b>HOWARD PETERS RAWLINGS CONSERVATORY &amp; BOTANIC GARDENS</b>	
<input type="checkbox"/> Conservatory, only	<input type="checkbox"/> Conservatory, plus the Formal Garden
<input type="checkbox"/> Desert House	<input type="checkbox"/> Mediterranean House
<input type="checkbox"/> South Pavilion, only	<input type="checkbox"/> North Pavilion, only
<input type="checkbox"/> Palm House	<input type="checkbox"/> Tropical House
<input type="checkbox"/> Display Greenhouse	

(Event Application continued on reverse side)

**PLEASE ANSWER THE FOLLOWING QUESTIONS.**

- Will the event be catered?
- Will there be musicians or a DJ?
- Will equipment to amplify sound be used?
- If renting a garden, will a tent be used? If yes, an additional fee will apply.
- Will the tables and chairs available be used? If yes, please specify the quantity.
- Will audio/visual equipment be used?

**A \$1000.00 refundable Security Deposit must accompany this form. Remittance must be in the form of a cashiers check or money order. NO PERSONAL CHECKS WILL BE ACCEPTED.**

Make cashiers check or money order payable to: "Director of Finance".

Return payment and completed form to:

Department of Recreation and Parks  
Division of Horticulture  
Attn: Division of Horticulture Event Coordinator  
4915 Greenspring Avenue  
Baltimore, Maryland 21209

**If a copy of the Terms and Conditions governing the use of the facilities did not accompany the Event Application, please be sure to obtain one.**

For further information, contact an event coordinator by calling 410-396-0180 or 410-396-0181, Monday through Friday, 9:00 a.m. to 3:00 p.m.

**Applicant's Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***For Office Use Only:***

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Cashiers Check No.: \_\_\_\_\_

Money Order No.: \_\_\_\_\_